



# NJC Memorial Fund

4231 West Yorkshire Drive | Glendale, AZ, 85308-7556 | P: 623-581-5980 | F: 623-581-6009

## Confidential Application for Assistance

Name			
Address			
City		State	
Age		DOB	
Employer		Occupation	
Address		Work Phone	
Spouse's Name		Occupation	
Spouse's Employer		Work Phone	
Zip		# of Children	
Marital Status			

How did you hear about NCJ Memorial Fund Inc.?

Please list type of Lung Cancer

Date Diagnosed

Please list names of the doctors you have seen for this condition. Approximate Date Seen.

Are you presently taking medication or treatment for your Lung Cancer? Please Explain.

Please tell us what your needs are. It is very important that you explain in detail.

If you need any extra space for your answers, please use back of this page. NJC Memorial Fund will get back to you as soon as possible. Thank you for your application.

By signing below, you are authorizing NJC Memorial Fund Inc. to contact these doctors to verify your information.

Signature \_\_\_\_\_ Date \_\_\_\_\_